

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only			
Identification of IPEA		Date of receipt of DEMAND	
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference 57987-PCT	
International application No. PCT/US03/31430	International filing date (day/month/year) 03 October 2003 (03/10/03)	(Earliest) Priority date (day/month/year) 04 October 2002 (04/10/02)	
Title of invention INHIBITION OF Src FOR TREATMENT OF REPERFUSION INJURY RELATED TO REVASCULARIZATION			
Box No. II APPLICANT(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of Caritas St. Elizabeth's Medical Center of Boston, Inc. 736 Cambridge Street Boston, MA 02135 United States of America		Telephone No.	
		Facsimile No.	
		Teleprinter No.	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: US		State (that is, country) of residence: US	
Name and (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) LOSORDO, Douglas W. 22 Jefferson Road Winchester, MA 01890			
State (that is, country) of nationality: US		State (that is, country) of residence: US	
Name and (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)			
State (that is, country) of nationality:		State (that is, country) of residence:	
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.			

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--------------------------------------------------------------------------|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (<i>specify</i>) | : | sheets |

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received	not received
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


Kathryn A. Parat, Ph.D., Reg. No. 34,901

30 April 2004
Date

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
- ☐ The applicant has been informed accordingly.
4. ☐ The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.
5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.
7. ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
8. ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/US03/31430	For International Preliminary Examining Authority use only
Applicant's or agent's file reference 57987-PCT	Date stamp of the IPEA
Applicant Caritas St. Elizabeth's Medical Center of Boston, Inc.	
CALCULATION OF PRESCRIBED FEES	
1. Preliminary examination fee	600.00 P
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	162.00 H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;"> 762.00 </div> <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;"> TOTAL </div>
MODE OF PAYMENT	
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash
<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>	
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ US
<input checked="" type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: 04/1105
	Date: 30 April 2004
	Name: Kathryn A. Piffat, Ph.D., Reg. No. 34,901
	Signature: <i>Kathryn A. Piffat, Ph.D.</i>